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but its influence depends on each particular case. (b) The state of drunkenness does involve responsibility, at least before the law, in the following cases: (a) when drunkenness constitutes by itself a penal offense; and (b) cases of *actiones liberae in causa*, when a person becomes drunk knowing that in the state of inebriety he will or can commit a crime; in the first case, he renders himself responsible for an offense committed with premeditation; in the second case, for an offense committed by negligence.

De la dipsomanie et son traitement par la suggestion, par le Dr. EDG. BÉRIL-LON, Revue de l'hypnotisme, août, 1890.

The treatment and cure (temporary at least) of one who has been a hard drinker for fifteen years, is a case in hypnotic therapeutics worthy of consideration. We extract points from the writer's lecture. Patient 35 years old, robust, muscular, intelligent, successful in business; parents sober and healthy. Learned to drink in the army, drinking wine and whiskey, sometimes in considerable quantity, but without drunkenness. On leaving the army he exchanged whiskey for absinthe; his business, which involved travelling, encouraged his drinking, but he had little inclination to drink when at home. At last, signs of physical trouble appeared, together with nightmare, hallucination, delusion of persecution, and idea of suicide. These returned every month or two with irresistible craving for drink, which scattered his good resolutions. He was also an inveterate smoker. On May 3, 1888, he was hypnotized, and dreamless sleep and total abstinence from liquors and tobacco were suggested. The suggestion was successful. He was under treatment from May 3 to May 15, the hypnotization and suggestion being repeated daily at first. By degrees physical troubles were helped and his desire to drink and smoke removed. He found himself able to resist under circumstances in which before he would have inevitably yielded. On May 15 he was pronounced cured and discharged. After thirteen days of treatment, without isolation, continuing to walk the streets of Paris, he saw all his physical and mental troubles successively disappear, and his inveterate habit of drinking and smoking cease.

Hérédité et alcoolisme. Dr. LEGRAIN. Revue de l'hypnotisme 1er Mars, 1890.

There are three main characteristics in alcoholism: the mental state, the impulsions and the tendency to delirium at the slightest cause. The degenerate are more susceptible than those who are of well-balanced mind. Alcoholic delirium differs in its symptoms from that of drinkers with no defects. In hereditary cases drunkenness comes in a short time; once started it assumes forms which recall its nature and predisposition. Alcoholic delirium of the predisposed does not resemble that of the stereotyped delirium. The rigors of intoxication and the rigors of hereditary predisposition have a certain independence. The slowness of evolution, frequency of relapsing, feebleness of mental faculties, polymorphism of delirium characterize the alcoholism of the degenerate. Inveterate abuse of drinking in non-hereditarily disposed persons creates a degeneracy like the hereditary. Organic physical resistance diminishes as excess increases. Alcohol causes its special delirium; little by little it simply plays the roll of an *appoint*. In a large number of cases the man is not free not to drink.

La responsabilité des alcooliques. M. MOTET. Revue de l'hypnotisme, 1er août, 1889.

There is no fixed jurisprudence in France as to responsibility in alcoholism. In civil matters alone, when drunkenness of the contracting party has been established at the time of the contract, the contract is

annulled. Drunkenness has in these conditions been made like to a state of dementia. One class comprehends simple drunkenness, accidental or provoked, and in some cases premeditated. To this class belong drinkers by habit, who without showing the troubles characteristic of drunkenness, are always under the influence of alcohol. A second class concerns all forms of pathological drunkenness, partially acute or acute mental troubles, or chronic troubles due to intoxication. In this class are the insane, imbecile, epileptic, whom alcoholic excess can lead to the most dangerous acts, by awakening impulsive tendencies which otherwise would not be awakened. Drunkenness is punishable as well as crimes committed under its influence, when the delinquent has the power to avoid it; when the alcoholic excitation has been sought in order to give one enough determination to commit a crime. Drunkenness is punishable in an attenuated degree in cases of feeble intelligence, in which intolerance for liquor is shown by an inferior cerebral organization; they are not excusable when they know they cannot drink without danger; such cases are more numerous than is generally supposed. Crimes cannot be punished if committed during an acute or sub-acute period of delirium in an alcoholic paroxysm. It is also the same in chronic alcoholism, when cerebral lesions have affected the integrity of the organ. The individual should be put under treatment.

The Public and the Doctor in Relation to the Dipsomaniac, by Dr. DANIEL CLARK. Toronto, 1888. pp. 20.

The writer brings out clearly the sociological side of alcoholism, showing how the State is responsible for many of its drunkards. He mentions a practical and suggestive prophylaxis. There are four classes of drunkards: 1. Those who drink from a habit of tipping; 2. Those who drink to relieve nervous prostration, or to drown sorrow or wrong; 3. Those who drink from hereditary tendency; 4. Traumatic drunkards. The tipplers are usually of three kinds: a, The weak-willed; b, The genial; c, The mean-souled man, who delights to "sponge" on others. Those who become drunkards by nightly potations to relieve mental trouble are more numerous than supposed. This drunkenness has no excited stage, and the habit may go on without being noticed for years. The nocturnal drunkard will take a small dose in the morning to throw off the stupidity of the nightly debauch and to appear as usual before the public. But this has its limits, and paralysis, apoplexy or insanity may result. This class usually belongs to our active members of society. Such nightly stupefactions are more fatal to mental integrity than any other form of drinking. In heredity it is the nervous bias which is transmitted, which can be aroused suddenly or may lie latent for years. The paroxysms come intermittently, like the periodic insanities. The hereditary foe may be overcome by daily battles, but not by isolated ones. Persons of this class have an unusually nervous condition, irregular circulation, low nutrition, morbid fears, irritable temper, lack of resolution (foreign to the individual in health); even misconceptions and delusions may supervene when the attack is coming on. During these bouts of drinking mania the man is uncontrollable. We may eliminate from the large number of defectives in society those who could reform if they would only try, but yet a large number remain, on whom no influence, social or religious, has any effect. There is no help for those but enforced restraint in special asylums, where they can have work, air, amusement and homelike treatment. These should be as unprisonlike as possible, and the State should provide them. The author, apparently is not averse to prohibition, and failing that would have the revenue from licenses devoted to the care of the inebriates produced.